DT05 Rec'd PCT/PTO 1 3 DEC 2004

## **APPLICATION DATA SHEET**

Secrecy Order in Parent Appl.?::

	Inforn	

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	No
Number of copies of CRF::	
Title ::	METHODS OF USING ISOTHIAZOLE
	DERIVATIVES TO TREAT CANCER OR
	INFLAMMATION
Attorney Docket Number::	540057.412USPC
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Petition Type::	
Licensed U.S. Gov't Agency::	
Contract or Grant No::	

No

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12/13/04

#### **First Applicant Information**

Applicant Authority Type::

Inventor

Primary Citizenship Country::

Canada >

Status::

**Full Capacity** 

/ Given Name::

Zaihui

Middle Name::

Family Name::

Zhang,

Name Suffix::

City of Residence::

Vancouver CAX

State or Province of Residence::

BC

Country of Residence::

Canada

Street of mailing address::

887 Great Northern Way

City of mailing address::

Vancouver

State or Province of mailing address::

BC

Country of mailing address::

Canada

Postal or Zip Code of mailing address::

V5T 4T5

### **Second Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

2-00 Given Name:: Timothy

Middle Name::

Family Name:: Daynard

Name Suffix::

City of Residence:: Vancouver CAX

State or Province of Residence:: BC

Country of Residence:: Canada

Street of mailing address:: 887 Great Northern Way

City of mailing address:: Vancouver

State or Province of mailing address:: BC

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: V5T 4T5

#### **Third Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: Canada

Status:: Full Capacity

Gabriel Gabriel

Middle Name:: Bela

Family Name:: Kalmar

Name Suffix::

City of Residence:: Richmond CAX.

State or Province of Residence:: BC

Country of Residence:: Canada

Street of mailing address:: 887 Great Northern Way

City of mailing address:: Vancouver

State or Province of mailing address:: BC

Country of mailing address:: Canada

Postal or Zip Code of mailing address:: V5T 4T5

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# **Correspondence Information**

Correspondence Customer Number ::

00500

## Representative Information

		_
Representative Customer Number::	00500	

### **Domestic Priority Information**

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	National Stage of	PCT/CA03/000864	06/11/03
PCT/CA03/000864	An application claiming the benefit under 35 USC 119 (e) of	60/388,939	06/13/02

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# Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
		-	

# **Assignee Information**

Assignee name::	QLT, Inc.
Street of mailing address::	887 Great Northern Way
City of mailing address::	Vancouver
State or Province of mailing address::	ВС
Country of mailing address::	Canada
Postal or Zip Code of mailing address::	V5T 4T5

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